

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011612

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** PREMIER URGENT CARE OF THE VILLAGES LLC

**Current Principal Place of Business:**

1580 SANTA BARBARA BLVD  
SUITE 3  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1580 SANTA BARBARA BLVD  
SUITE 3  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KHANNA, DINESH  
816 HAWK LANDING  
FRUITLAND PARK, FL 34731 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DINESH KHANNA MD PA  
Address: 1580 SANTA BARBARA BLVD  
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DINESH KHANNA

MGMR

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date